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| <b>POWER OF ATTORNEY<br/>OR<br/>REVOCATION OF POWER OF ATTORNEY<br/>WITH A NEW POWER OF ATTORNEY<br/>AND<br/>CHANGE OF CORRESPONDENCE ADDRESS</b> | Application Number     | 10534.605                 |
|   | Filing Date            | May 11, 2005              |
|   | First Named Inventor   | Albert B. Deisseroth      |
|   | Title                  | Adenoviral Vector Vaccine |
|   | Art Unit               | 1644                      |
|   | Examiner Name          | Gambel, Philip            |
|   | Attorney Docket Number | 036222-0212               |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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| Practitioner(s) Name     | Registration Number |
|--------------------------|---------------------|
| Jacob Frank, Of Counsel, | 20,562              |
| Snyder, Clark, Lesh &    |                     |
| Chung, LLP               |                     |

Please recognize or change the correspondence address for the above-identified application to:

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☒ The address associated with Customer Number: 83,622

OR

☒ Firm or Individual Name: Snyder, Clark, Lesh & Chung, LLP

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/66) submitted herewith or filed on \_\_\_\_\_

SIGNATURE OF Applicant or Assignee of Record

|                   |                             |           |                |
|-------------------|-----------------------------|-----------|----------------|
| Signature         | <i>Albert B. Deisseroth</i> | Date      | March 30, 2010 |
| Name              | Albert B. Deisseroth        | Telephone | (858) 967-2653 |
| Title and Company | Inventor/Assignee of Record |           |                |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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